

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of Delaware

DARYL J. CARTER,

Plaintiff,

V.

SUMMONS IN A CIVIL CASE

STANLEY W. TAYLOR, individually; RAPHAEL WILLIAMS, individually;
SITTA B. GOMBEH-ALIE, M.D., individually; MUHAMMAD ARIF NIAZ,
M.D., individually; CORRECTIONAL MEDICAL SERVICES, INC., a
Missouri corporation; CORRECTIONAL MEDICAL SERVICES OF
DELAWARE, INC., a Delaware corporation; JOHN DOE MEDICAL
PERSONNEL; and JOHN DOE CORRECTIONAL PERSONNEL,

CASE NUMBER:

Defendants.

TO: (Name and address of Defendant)

Correctional Medical Services of Delaware, Inc.
c/o National Registered Agents, Inc.
160 Greentree Drive, Suite 101
Dover, DE 19904

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael L. Sensor, Esquire
Perry & Sensor
One Customs House, Suite 560
Wilmington, DE 19899-1568
(302) 655-4482

an answer to the complaint which is served on you with this summons, within twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

CLERK



(By) DEPUTY CLERK


DATE

8/24/07

RECEIVED

AUG 30 2007

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE August 29, 2007 (3:31 P.M.)	
NAME OF SERVER (PRINT) Jeffrey L. Butler	TITLE process server	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>left copies thereof with Debbie Sealund of National Registered Agents, Inc. at 160 Greentree Drive, Suite 101, Dover, Delaware 19904 - as registered agent for corporate defendant, Correctional Medical Services Of Delaware, Inc.</u>		
STATEMENT OF SERVICE FEES		
TRAVEL n/a	SERVICES \$50.00	TOTAL \$50.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>August 29, 2007</u> Date</p> <div style="margin-left: 300px;">  _____ Signature of Server Legal Eagles, Inc. P.O. Box 886 New Castle, Delaware 19720-0886 _____ Address of Server </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.